

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Declaration Submitted with Submitted after Initial Initial Filing Filing (surcharge 37 CFR 1.16(e) required)	Attorney Docket No.	ACX-135
	First Named Inventor	Robert N. Jacques
	COMPLETE IF KNOWN	
	Application Serial Number	Not Yet Assigned
	Filing Date	Filing Herewith
	Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TUNING CONTROL PARAMETERS OF VIBRATION REDUCTION AND MOTION CONTROL SYSTEMS FOR FABRICATION EQUIPMENT AND ROBOTIC SYSTEMS.

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on
(MM/DD/YYYY)

as United States Application Serial Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

Patent Administrator
Testa, Hurwitz & Thibault, LLP
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])					Family Name or Surname				
Robert N.					Jacques				
Inventor's Signature <i>Robert Jacques</i>						Date 6/29/01			
Residence	City	Andover	State	MA	Country	U.S.A.	Citizenship	U.S.A.	
Mailing Address		2 Mayflower Road							
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<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.									
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship		
Mailing Address									
Mailing Address (ln. 2)	City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship		
Mailing Address									
Mailing Address (ln. 2)	City		State		ZIP		Country		